St. Catherine University

SOPHIA

Doctor of Nursing Practice Projects Nursing

12-2015

An Issue of Ethics: Nurse Educators Knowledge Deficit of Transgender Health and Experience

Laurie Ann Sieve
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/dnp_projects

Recommended Citation

Sieve, Laurie Ann. (2015). An Issue of Ethics: Nurse Educators Knowledge Deficit of Transgender Health and Experience. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/dnp_projects/59

This Doctor of Nursing Practice Project is brought to you for free and open access by the Nursing at SOPHIA. It has been accepted for inclusion in Doctor of Nursing Practice Projects by an authorized administrator of SOPHIA. For more information, please contact sagray@stkate.edu.

An Issue of Ethics: Nurse Educators Knowledge Deficit of Transgender Health and Experience

Systems Change Project
Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

St. Catherine University
St. Paul, Minnesota

Laurie Ann Sieve

December 2015

ST. CATHERINE UNIVERSITY
ST. PAUL, MINNESOTA

This is to certify that I have examined this
Doctor of Nursing Practice systems change project
written by

Laurie Ann Sieve

and have found that it is complete and satisfactory in all respects,
and that any and all revisions required by
the final examining committee have been made.

Nanette Hoerr DNP, MPH, RN
Name of Faculty Project Advisor

February 4. , 2016

DEPARTMENT OF NURSING

Abstract

In 2015 the American Nurses Association published the newly revised *Code of Ethics for Nurses With Interpretive Statements*. This document delineates, via nine provisions, a guide to ethical analysis and decision making for the professional nurse. Included in the provisions are respect for human dignity, accountability for nursing judgments, decisions, actions, and integration of social justice to address social determinants of health. In recent years transgender patients have become more visible and vocal. Recent surveys indicate transgender patients face many obstacles when attempting to secure health care. Further, recent research indicates there exists a knowledge deficit of transgender health and experience among nurse educators. In order to uphold the Code of Ethics for Nurses and provide informed and sensitive care to transgender patients, it is essential to identify this knowledge deficit and seek to correct it. It is only then that nurses can truly uphold the Code of Ethics.

In 2015 the American Nurses Association (ANA) published the new and revised *Code of Ethics for Nurses with Interpretive Statements.* This document consists of nine provisions that are deemed nonnegotiable. The nine provisions and interpretive statements guide the professional nurse in ethical analysis and decision making. The provisions cover many aspects of nursing but with respect to understanding transgender patients' health and their lived experience several provisions are worth noting. They include respect for the worth and dignity of all people, commitment to the patient, protection of patient rights, the mandate for scholarly inquiry, the mandate to reduce health disparities, promotion of human rights, and a call for social justice.

Transgender Facts

It is known that transgender people face discrimination. The profound health disparities experienced by transgender people in the United States have been well documented. In 2011, "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey was published, demonstrating compelling evidence of injustices impacting the transgender population (Grant et al., 2011).

Heath care providers contribute to the discrimination of transgender people, either directly or indirectly. For example, fifty of the 6,450 transgender respondents reported their health care providers were not adequately prepared and stated they had to teach the providers basic information regarding being transgender. Nineteen percent of respondents reported they had been refused health care, 28% had been harassed and 2% had been physical assaulted as they attempted to receive services. Four out of five people surveyed had been harassed or physically or sexually attacked in school, almost half by teachers. Although nearly ninety percent had completed at least some college, compared to less than half the general population, they were twice as likely to be unemployed. In addition, one out of ten individuals had been sexually

assaulted at work, and almost half as many had been physically assaulted. One in four had been fired for gender nonconformity, experiencing poverty at twice the national rate. One in five had been homeless, and of that group, one in three had been refused entry to a shelter because of their gender expression.

One third of those surveyed in the "Injustice at Every Turn" report had postponed or avoided medical care because of disrespect or discrimination by providers. Forty-one percent had made suicide attempts, as opposed to only 1.6% of the general population. The rates of substance abuse and depression are staggering. Between twenty and forty percent of homeless youth are gay or transgender and more than half of transgender people of color have supported themselves by prostitution (Grant et al., 2011).

Discrimination was pervasive throughout the entire sample yet the combination of anti-transgender bias and structural racism was strikingly apparent. People of color fare far worse with African American transgender women faring the worst of all. These shocking disparities are the just the tip of the iceberg. Transgender people are being murdered and hate crimes frequently go unreported. According to the Human Rights Campaign twenty one murders of transgender people have occurred thus far in 2015 and well over 400 murders of transgender people have occurred since 1999 (http://www.hrc.org/resources/addressing-anti-transgender-violence-exploring-realities-challenges-and-sol).

Nursing Knowledge Deficit

It has been established that in general, the nursing profession lacks knowledge of transgender health and experience. Nursing has been slow to recognize the unique needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) people and to include LGBT content into curriculum (Eliason, Dibble, & Dejoseph, 2010). Despite the American Nurses Code of Ethics,

Provision 8 (American Nurses Association, 2015) which explicitly states nursing must provide healthcare to diverse populations, nursing has failed to respond to calls for greater inclusivity and hasn't issued statements encouraging change in attitudes and competency in regard to LGBT issues (Eliason et al., 2010). Because formal content is absent from nursing curricula regarding the provision of competent care to transgender patients, nurses are often ill prepared to meet the medical and health needs of this socially and economically vulnerable population (Eliason et al., 2010; Lim, Brown, & Jones, 2013). Lack of exposure to transgender people can lead to discomfort when a nurse encounters a transgender patient in healthcare settings, often resulting in a failure to successfully and sensitively meet the patient's healthcare needs (Zunner & Grace, 2012).

There has been minimal research into faculty knowledge and attitude of transgender health. While the literature indicates that no research has focused specifically on nurse faculty knowledge of transgender health, it is known that medical, pharmacy, social work, and nursing students exhibit a knowledge deficit of transgender people, their health, and experience (Burdge, 2007; Parkhill, Mathews, Fearing, & Gainsburg, 2014; Rondahl, 2009; Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012). In addition, it is not surprising considering the lack of inclusion of transgender content in the nursing curricula that many nursing students exhibit discomfort and bias when caring for transgender patients (Eliason et al., 2010; Rondahl, 2009). Minimal research has been funded to study transgender people (Coulter, Kenst, & Bowen, 2014). Coulter reported that from 1974-1992 only 0.1% of all projects funded by the National Institute of Health were LGBT related. Eliason et al. reviewed the top 10 nursing journals from 2005-2009, and found only 0.16% or, 8 of nearly 5000 articles, focused on LGBT health (Eliason et al., 2010).

Nursing Education Intervention

In attempting to discern nursing faculty knowledge of transgender health and experience this author recently completed a study at a private Midwestern university measuring n=56 nursing faculty knowledge and attitudes of transgender health and experience both before and after a four hour education intervention. Twenty-two questions were asked spanning both knowledge and attitudes regarding transgender health and experience. Sixteen of 22 questions had statistically significant results demonstrating greater knowledge following the intervention.

The four hour intervention exposed the nursing faculty to content that many described as "new" to them. The initial two hour training content covered theoretical framework, relevant statistics, gender theory, evolving language and terminology, health disparities, standards of care and best practice guidelines, discussion of social justice, suggestions for changes to didactic and clinical practice, and resources available to nursing faculty.

The final two hours were presented by an interprofessional panel of five transgender experts, four of whom self-identified as transgender. The experts included a PhD, Licensed Marriage and Family Therapist (LMFT); a student working on a Master of Arts in Integrated Behavioral Health; a Research and Policy manager with a Master's Degree in Public Policy; a local transgender activist, poet, and artist; and a librarian who is the mother of a transgender teen. Each panelist was asked the question, "What is one thing you would like nursing faculty to understand about transgender people?" Each panelist was given 10-15 minutes to speak from their experience and personal epistemology. Questions were taken from the participants as the panelists spoke and in conclusion four questions were asked from a pool of anonymous questions written by participants during the break. The presentation concluded with general questions and

answers from the audience to the panel. Evaluations following the intervention were overwhelmingly positive with comments such as:

- *"This was fantastic, thank you, I learned so much!"*
- *"One of the best presentations ever at this university"*
- *"Excellent, interesting, comprehensive, presentation"*
- *"Discussed pertinent terms and information to increase my understanding and knowledge"*
- *"I appreciated the terms and panel presentation"*
- *"It was so helpful to learn the terms and definitions so I can speak in a respectful manner"*

Attendees were also asked to evaluate how well the objectives of this educational intervention were met. A Likert scale with five answers ranging from strongly agree to strongly disagree was provided. All attendees ranked all four objectives as strongly agree or agree with no attendee choosing neutral, disagree or strongly disagree on any objective. Clearly this four hour education intervention provided data to show that nursing faculty displayed improved knowledge of transgender health and experience following a four hour education intervention.

Qualitative data indicated the faculty was grateful for the knowledge and stated they believed this would help them improve both clinical and didactic teaching. A follow-up survey three months following the intervention indicated 53% of attendees had made changes to curricula or had intentions to make changes based upon new knowledge. This intervention could be replicated at other schools of nursing to improve faculty knowledge of transgender people.

Connecting the Dots

There are many questions that must be answered. How can nurse educators knowingly endorse a Code of Ethics that calls for knowledge, advocacy, and activism and continue to exhibit a knowledge deficit of a population of people? How can nurse educators teach future nurses to be sensitive providers to transgender patients when the educators themselves lack knowledge? How do nurse educators use and teach the Code of Ethics in light of these disturbing facts?

Nursing is essentially concerned with the care of vulnerable human beings. Society views nurses as professionals who are capable of both identifying and addressing patient needs in a respectful and competent manner. When nursing curriculum sufficiently addresses ethics, providing nurses with the tools to help them reflect critically on what nursing care implies, nursing education can contribute to the development of nurses as skilled professionals.

To practice ethically requires awareness, sensitivity, and empathy for the patient as an individual, including the patient's cultural values and beliefs (Hoop, J. 2008.) As nurses, we have a code of ethics to provide care to all individuals and to provide the broadest possible access to the healthcare system. As such, we need to render competent and compassionate care to all members of society. We know that healthcare disparities exist and this is a clear sign of inequality. Second, although the root causes of these disparities are complex, there is a well-developed set of evidence-based approaches to address them; among these is improving the cultural competence of health care providers and the health care system.

Nursing must be prepared to meet the ethical challenges ahead and reassert the importance of equity, fairness, and caring as key building blocks of our healthcare system. We must strive for a healthcare system that is culturally competent, equitable, and ethical. If a

common test of the morality of a society is the treatment of its most vulnerable, addressing health disparities and social determinants of health should be one of our nation's top priorities. When a person chooses to be a nurse that person has made a moral commitment to care for all patients. Such a decision to care is not taken lightly, as it reflects this statement in the *Code of Ethics for Nurses:* "Nurses respect the dignity and rights of all human beings regardless of the factors contributing to the person's health status" (ANA, 2015, p. 1).

References

American Nurses Association. (2015). *Code of ethics for nurses with interpretive Statements.* Silver Spring MD. ANA Nursesbooks.org.

Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work, 52*(3), 243-250.

Coulter, R. W., Kenst, K. S., & Bowen, D. J. (2014). Research funded by the national institutes of health on the health of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health, 104*(2), e105-e112.

Eliason, M. J., Dibble, S., & Dejoseph, J. (2010). Nursing's silence on lesbian, gay, bisexual, and transgender issues: The need for emancipatory efforts. *ANS.Advances in Nursing Science, 33*(3), 206-218. doi:10.1097/ANS.0b013e3181e63e49 [doi]

Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey* National Center for Transgender Equality.

Hoop, J. G., DiPasquale, T., Hernandez, J. M., & Roberts, L. W. (2008). Ethics and culture in mental health care. *Ethics & Behavior, 18*(4), 353-372.

Human Rights Campaign (2015). *Addressing anti-transgender violence: Exploring realities, challenges, and solutions for policymaker.* Retrieved from *http://www.hrc.org/resources/addressing-anti-transgender-violence-exploring-realities-challenges-and-sol*

Lim, F. A., Brown, D. V., & Jones, H. (2013). Lesbian, gay, bisexual, and transgender health: Fundamentals for nursing education. *Journal of Nursing Education, 52*(4), 198.

Parkhill, A. L., Mathews, J. L., Fearing, S., & Gainsburg, J. (2014). A transgender health care

panel discussion in a required diversity course. *American Journal of Pharmaceutical Education, 78*(4)

Rondahl, G. (2009). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship, 6*(1)

Snelgrove, J. W., Jasudavisius, A. M., Rowe, B. W., Head, E. M., & Bauer, G. R. (2012). "Completely out-at-sea" with "two-gender medicine": A qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC Health Services Research, 12*, 110-6963-12-110. doi:10.1186/1472-6963-12-110 [doi]

Zunner, B. P., & Grace, P. J. (2012). The ethical nursing care of transgender patients: An exploration of bias in health care and how it affects this population. *The American Journal of Nursing, 112*(12), 61-64. doi:10.1097/01.NAJ.0000423514.58585.a3 [doi]